

150

# FY91 COMPLIANCE MONITORING AND ENFORCEMENT LOG

1. EPA ID: M|D|D|O|O|3|2|4|8|2|7|5| 4. Data Entry

2. Name: McCormick Paint Works, Inc. New ☐

3. Address: 2355 Lewis Avenue, Rockville, Md. Update ☒ Zip

5. Date of initial evaluation: 12/27/90 5a. Responsible E=EPA O=Other  
Agency S S=State B=Con/St  
C=Con/EPA X=Oversite

6. Type of Evaluation: 5 1=CEI 4=CNE  
Covered by this Report 2=Sampling Insp 5=Comp Sched Eval  
3=Record Review 11=Case Devel Insp  
12=O&M Inspection

7. Date of Eval covered by report: 01/28/91 13=CA Oversight Insp

7a. Eval comments: Follow up inspection (RCRA)

8. CLASS & VIOLTN	Class of	Violations							
	Violatn	GM	C/PC	E R	PtB	CmpSc	Man	L B	OTH
KEY									
X=violation, no spec	I								
2=viol & specialty									
3=same violation	II								
Z=pend determinatn									
O=no violation									
Specialties									
I=no insurance only									
C=CA Schedule Viol									
H=HPV									
*=Class I only									

8a. Viol Comment: Company appears to be in compliance with RCRA regulation

9. Enforcement Action:

Class	Area of Violatn	Type (code)	Action Date	Comp Date Schd	Actl	Penalty Assd/Coll	Resp Agen (code)
X	RCRA	10	12/27/90		01/28/91		S

Enf 03=Warn Ltr 11=Filed Civil Act 15=CA In Ad Or Agcy code  
Act 04=Admn Complt 12=Filed Criml Act 16=CA Fl Ad Or E=EPA  
Type 05=Fl Adm Ord 18=Civil Ref to AG 21=Note nonComp S=State  
Code 10=Informal 19=Final Judcl Ord 22=FFCA X=EPA/  
23=Federal Facility Referral to Headquarters oversite

10. Enforcement Comment:





State of Maryland  
Department of the Environment  
Hazardous and Solid Waste Management Administration  
2500 Broening Highway, Baltimore, Maryland 21224

Report of Observations

Type of Inspection/Observations: RCRA Follow-up Date 01/28/91

Facility Name: McCormick Paint Works

Remarks: 2355 Lewis Avenue

Rockville, Md. 20851

MDD003248275

On December 27, 1990, this writer conducted a RCRA, LDR & TCLP inspection at the above mentioned facility and noted that the facility was without a contingency plan, personnel training program and was storing recyclable solvent waste outside the building in an area that does not provide a secondary containment. The base underlying the containers was not free of cracks or gaps and sufficiently impervious.

On addition to these the facility failed to demonstrate that there is a known market for the products which the company tries to manufacture. Specifically, the red oxide paint which is manufactured from sludge collected from different types of color paint.

On the above date I conducted a follow up inspection and noted the following.

1. Recyclable materials which were stored outside are now stored inside the warehouse. Some of the materials were recycled and used by the company to paint their tanks and drums.

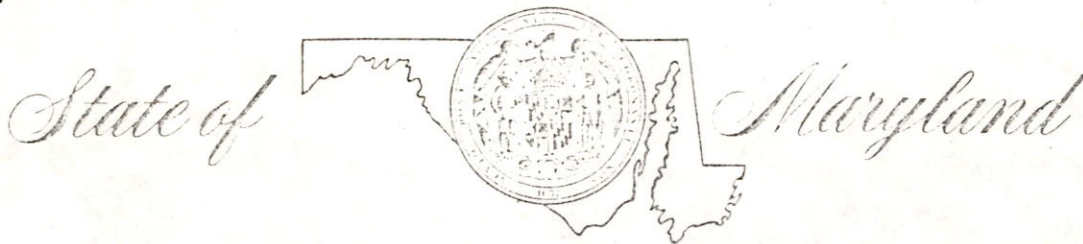
2. Mr. Shri Kansal told me that the red oxide paint can be used for steel structures and several companies are selling this material. He also told me that the recycled solvent and sludge can also be used to manufacture stains for exterior woods.

3. McCormick Paint have developed a contingency plan and emergency procedures which meets all the requirements of COMAR 26.03.05.04(B)(1). The facility personnel have completed a personnel training program.

McCormick Paint appears to be in compliance with CWS Regulations.

Observer: Signaie Setta Person Interviewed: \_\_\_\_\_





DEPARTMENT OF THE ENVIRONMENT

2500 Broening Highway, Baltimore, Maryland 21224

Area Code 301 • 631- 3400

William Donald Schaefer  
Governor

Robert Perciasepe  
Secretary

February 8, 1991

CERTIFIED MAIL

Mr. Shri Kansal  
McCormick Paint Works, Co.  
2355 Lewis Avenue  
Rockville, Maryland 20851

Dear Mr. Kansal:

This office is in receipt of your Contingency and Preparedness and Prevention plans.

Based on this review, it has been determined that the plan meets the requirements of COMAR 26.13.05.04B(1). You are hereby advised that it remains your responsibility to submit a copy of the plan to all local police and fire departments, hospitals and any other local emergency response teams that may be called upon to provide emergency services.

If you should have any further questions regarding this matter, you may call Mr. Nigussie Retta, Inspector, Hazardous Waste Enforcement Division, Hazardous and Solid Waste Management Administration, at (301) 631-3400.

Sincerely,

A handwritten signature in dark ink, appearing to read 'R. Johnson', with a long horizontal flourish extending to the right.

Richard Johnson  
Section Head  
Hazardous Industrial Section

RJ/st

Rec: Mr. Richard W. Collins  
Mr. Harold L. Dye, Jr.  
Mr. Arthur O'Connell



April 2, 1986

RECEIVED  
APR 08 1986

Hazardous Waste Management Division  
EPA - Region III

Mr. Stephen R. Wasserburg  
Director  
Hazardous Waste Management Division  
E.P.A. Region III  
841 Chestnut Building  
Philadelphia, Pa. 19107

Dear Sir,

I am writing in reference to your letter dated March 10th 1986 regarding section 3004 (u) and 3008 (h) of the Hazardous and Solid Waste Amendments of 1984 (R.C.R.A. Reauthorization).

I was not quite sure what was required of McCormick Paint Works Company and called your office and discussed the matter with Ms. Cindy Clark. She suggested that I write you describing our operation and how we handle of waste material and that your office would review it and advise me as to what further action should be taken.

We still operate as stated in our notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at 2355 Lewis Avenue, Rockville, Md. 20851 and part A of a Hazardous Waste Permit application, for which we received and acknowledgment dated December 18th 1980. We were issued EPA I.D. # MDD003248275.

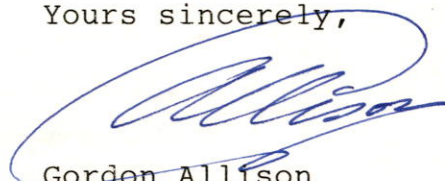
We handle our waste (paint sludge-solvent based) as follows:

Sludge and spent solvent is stored in our fenced yard in 55 gallon drums. After standing to allow separation of the solvent (- mineral spirits) the clear solvent is decanted from the drums and reused in our plant. The resulting semi solid sludge is then solidified with clay and then shipping for disposal in the chemical waste management land fill located in Emelle Alabama. We do not store the waste over 90 days.



Your advice and suggestions on this matter will be greatly appreciated.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Allison", enclosed within a large, loopy blue oval.

Gordon Allison  
Technical Director

GA/jc



April 2, 1986

Mr. Stephen R. Wasserburg  
Director  
Hazardous Waste Management Division  
E.P.A. Region 111  
841 Chestnut Building  
Philadelphia, Pa. 19107

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Your advice and suggestions on this matter will be greatly appreciated.

Yours sincerely,

Gordon Allison  
Technical Director

GA/jc



5 Jr  
MAR 10 1986

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Gordon Allison  
Technical Director  
McCormick Paint Works Company  
2355 Lewis Avenue  
Rockville, MD 20851

Re: McCormick Paint Works Company  
MDD 00 324 8225

Dear Mr. Allison:

Section 3004(u) and 3008(h) of the Hazardous and Solid Waste Amendments of 1984 (RCRA Reauthorization) give EPA the authority to require corrective action for all releases of hazardous wastes or constituents from any solid waste management unit ("SWMU") as defined on the enclosed sheet. This requirement applies to operating units, inactive units, as well as those that are closing or have been closed in the past.

EPA and the State must first determine the location of all SWMUs at your facility. Next, we must determine whether or not any "releases" (see definitions) originated at these units. In order to enable us to make these determinations, you must provide the following information:

- (1) A topographic map showing the facility and a distance of 1,000 feet around it, at the scale of one-inch equal to not more than 200 feet. In addition to showing the location of the hazardous waste management facilities for which you are seeking a permit, it must locate all existing and former SWMU's at your facility.
- (2) For each SWMU, provide a description of the unit's functions, material of construction, dimensions, capacity, ancillary systems (piping), etc. If available, provide engineering drawings of the units and their foundations. For closed facilities, also provide a copy of the closure plans, a description of how closure was performed and any relevant post-closure information you have available.
- (3) For each SWMU, provide a description of all solid waste including hazardous wastes, and hazardous waste constituents received by the units. Also, provide information on quantities of hazardous wastes and hazardous waste constituents received by each SWMU and the dates during which these units operated.



-2-

- (4) For each SWMU, describe any releases (or possible releases) originating at the unit. This should include information on the date of release, type of solid waste hazardous waste or hazardous waste constituents released, quantity released, nature of the release, extent of migration, and cause of release, for example, an overflow, broken pipe, tank leak, etc. Also, provide any available data which would quantify the nature and extent of environmental contamination including the results of soil, surface water and/or ground-water sampling and analysis efforts. Likewise, any monitoring information that indicates releases are not present should also be submitted.

If some or all the above requested information has been previously submitted to this office, please reference this information in your reply.

We request under Section 3007 of the Act, 42 U.S.C. §6927, that you submit two copies of the above listed information within forty-five (45) days of your receipt of this letter to both EPA and the Maryland Department of Health and Mental Hygiene.

All information you submit should be certified as required by regulation 40 C.F.R. 270.11(d). Should you have any questions concerning this letter, please contact Mr. Jack Potosnak, P.E. at (215) 597-8338.

Sincerely,

Stephen R. Wassersug, Director  
Hazardous Waste Management Division

Enclosure

cc: Mr. Alvin Bowles, Chief  
Hazardous Waste Division  
Maryland Department of Health  
and Mental Hygiene

GUY:medrake:3HW32:3/5/86

CONCURRENCES						
SYMBOL	3HW32	3HW32	3HW15	3HW30	3HW00	
SURNAME	GUY	SOKOLOWSKI	ARMSTEAD	ALLEN	WASSERSUG	
DATE	BG 3/6/86	3/6/86	3/6/86	3/6/86	3/10/86	

EPA Form 1320-1 (12-70)

OFFICIAL FILE COPY



1. EPA ID ☐ MOD 00 324 8275  
 2. Facility Name **McCORMICK PAINT WORKS INC**  
☐ PERMIT MOD ☐ R040 ☐ ATC ☐ POP

Date:    /    /   

3. For each appropriate process, fill in the Process Amount and Unit:

	ENG	PROCESS AMOUNT	UNIT (Circle one)
3. STORAGE			
3A. Containers	<b>R</b>	<b>5,500</b>	<b>G L</b>
3B. Tanks			G L
3C. Waste Piles			Y C
3D. Surface Impoundments			G L
4. DISPOSAL			
4A. Injection Well			G L U V
4B. Landfills			A P
4C. Land Application			B Q
4D. Ocean			U V
4E. Surface Impoundments			G L
5. TREATMENT			
5A. Tanks			U V
5B. Surface Impoundments			U V
5C. Incinerators			D W E H K
5D. Other			U V D W

CREATE  
"P"

HEADER

4. Enter DATES for the following actions:

<b>6. FACILITY MANAGEMENT PLAN</b> DATE SCREENED <u>  </u> / <u>  </u> / <u>  </u> SIZE (SQ. FT.) <u>  </u> / <u>  </u> / <u>  </u> DATE APPROVED <u>  </u> / <u>  </u> / <u>  </u>		<b>PART 3 APPLICATION:</b> 7. DATE CALLED IN: <u>  </u> / <u>  </u> / <u>  </u> 8. DATE RECEIVED: <u>  </u> / <u>  </u> / <u>  </u>		<b>EXPOSURE INFORMATION:</b> 9. RECEIVED: <u>  </u> / <u>  </u> / <u>  </u> 10. REPORTED: <u>  </u> / <u>  </u> / <u>  </u>	
11. DATE APPLICATION DETER. TO BE COMPLETE: <u>  </u> / <u>  </u> / <u>  </u>		12. REQUEST FOR WITHDRAWAL OF APPLICATION RECEIVED: <u>  </u> / <u>  </u> / <u>  </u> REASON: <u>  </u> (LH, NH, FC, SD, PL, OT)		13. WITHDRAWAL REQUEST DETERMINATION DATE: <u>  </u> / <u>  </u> / <u>  </u> STATUS: <u>  </u> (AR, CR, PE)	
14. CLOSURE PLAN SUBMITTED: <u>  </u> / <u>  </u> / <u>  </u>		15. DATE OF PUBLIC NOTICE: <u>  </u> / <u>  </u> / <u>  </u> TYPE OF ACTION: <u>  </u>		16. CLOSURE PLAN APPROVED: <u>  </u> / <u>  </u> / <u>  </u> 17. CLOSURE CERTIFIED: <u>  </u> / <u>  </u> / <u>  </u>	
<b>POST-CLOSURE PLAN:</b> 18. DATE SUBMITTED: <u>  </u> / <u>  </u> / <u>  </u> 19. DATE APPROVED: <u>  </u> / <u>  </u> / <u>  </u>		20. PERMIT DETERMINATION: DATE <u>  </u> / <u>  </u> / <u>  </u> STATUS (PT, PG, PP, XT, PG) <u>  </u>		21. PERMIT MODIFICATION: DATE ISSUED <u>  </u> / <u>  </u> / <u>  </u> TYPE (CM, CA, SD, OT) <u>  </u>	
22. PERMIT EXPIRATION DATE: <u>  </u> / <u>  </u> / <u>  </u> 23. PERMIT TERMINATION DATE: <u>  </u> / <u>  </u> / <u>  </u>		24. DOUBLE LINDER WAIVER REQUEST: DATE RECEIVED: <u>  </u> / <u>  </u> / <u>  </u> DATE APPROVED: <u>  </u> / <u>  </u> / <u>  </u> WAIVER STATUS (AR, CR): <u>  </u>		25. PREVIOUSLY UNREGULATED "SIDS": <b>UN</b> PRESENT AT FACILITY? (YE, NO, CN)	
26. ORDER OF COMPLIANCE WITH 265.98 AND 270.14(c)(4) DATE: <u>  </u> / <u>  </u> / <u>  </u>		27. MONITORING PROGRAM DEVELOPED: DATE DEVELOPED: <u>  </u> / <u>  </u> / <u>  </u> TYPE (CN, DD, FC, CC, LA, OA): <u>  </u> CN = Detection Monitoring thru draft Permit or Permit Mod. DD = Detection Monitoring thru an endorsement order FC = Compliance Monitoring thru draft Permit or Permit Mod. CC = Compliance Monitoring thru an endorsement order LA = Corrective Action thru draft Permit or permit mod. OA = Corrective Action thru an endorsement order			
28. PA/SI COMPLETED: DATE: <u>  </u> / <u>  </u> / <u>  </u> RI NEEDED? (RN, RX) <u>  </u>		29. PLAN APPROVED: <u>  </u> / <u>  </u> / <u>  </u> STATUS (RP, RO) <u>  </u> 30. INVES. COMPLETED: <u>  </u> / <u>  </u> / <u>  </u> STATUS (CN, CX) <u>  </u>		31. CORRECTIVE MEASURES PROGRAM: DATE PLAN APPROVED: <u>  </u> / <u>  </u> / <u>  </u>	





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

MOD003248275

MCCORMICK PAINT WORKS CO.  
ALLISON GORDON TECH. DIR.  
2355 LEWIS AVE  
ROCKVILLE

MD 20851

JAN 10 1984

Dear Owner/Operator:

On November 23, 1983, EPA granted Phase II, Component A Interim Authorization to the State of Maryland to operate its hazardous waste program in lieu of the Federal program. Phase II, Component A consists of the regulations for permitting the storage and treatment of hazardous wastes in tanks, containers, surface impoundments and waste piles.

From the information which you have submitted to EPA to date, it appears that part or all of your facility will now be permitted only by the State of Maryland. If you dispose of hazardous wastes on land, including surface impoundments, or you incinerate hazardous wastes, you will need a RCRA permit from EPA for those portions of your operation. Where possible, EPA and the State will coordinate their respective permitting programs to enable you to prepare one application covering your entire facility.

Mr. Ronald Nelson is the Director of the Maryland Waste Management Administration of the Department of Health and Mental Hygiene. If you have any questions regarding Maryland's hazardous waste program, Mr. Nelson can be reached at (301) 383-3123.

If you have any questions about this letter or the EPA program, please do not hesitate to contact Mr. John Humphries of my staff, who serves as the Maryland Program Manager. He can be reached at the above address or by calling 215/597-2863.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert L. Allen".

Robert L. Allen, Chief  
Waste Management Branch  
Air & Waste Management Division

cc: Mr. Ronald Nelson





State of Maryland  
Department of Health and Mental Hygiene  
Office of Environmental Programs  
201 W. Preston St., Balto. MD 21201

FILE COPY ONLY

YR MO DY

83 1 2 21

TIME

09 50

DHS Inspection Form  
Generators/TSD Facilities

EPA ID Number

MDD003248275

TELEPHONE

301-770-3235

Owner/Operator MCCORMICK PAINT WORKS, CO. Facility Name MCCORMICK PAINT WORKS COMPANY

Address 2355 LEWIS AVENUE, ROCKVILLE, MARYLAND Zip 20851

Description of Work Activity PAINT MANUFACTURING

I. Generators

A. Description (10.51.03.01-03)

- 1) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C?  
☒ Yes, ☐ No.
- 2) Has the facility obtained an EPA identification number?  
☒ Yes, ☐ No.
- 3) Describe the amount of waste generated. (day, week or month)  
150 55 gallon drums per year
- 4) Under which category is the waste(s)?  
☒ Ignitable ☐ Reactive ☐ Corrosive  
☐ EP Toxic ☐ RCRA Listed

B. Manifest (10.51.03.04)

- 1) Is Maryland manifest system in operation for off-site shipment?  
☒ Yes, ☐ No.
- 2) Is TSD Facility to receive DHS identified by ☒ Name, ☐ Address, ☐ EPA ID Number?
- 3) Is alternate facility identified? ☐ Yes, ☒ No.
- 4) Is generator identified by ☒ Name, ☐ Address, ☐ Telephone Number, ☒ MD/EPA ID Number?
- 5) Is each transporter identified by ☒ Name, ☐ EPA ID Number, ☐ Maryland Certification Number?
- 6) Is waste properly described? ☒ Yes, ☐ No.
- 7) Is shipment date marked? ☒ Yes, ☐ No.
- 8) Is quantity of waste described by ☐ Unit of Weight, ☒ Volume?
- 9) Are containers to be loaded identified by ☒ Type, ☐ Number?
- 10) Is proper certification noted and signed by generator?  
☒ Yes, ☐ No.
- 11) Are adequate copies available for operator, transporter and TSD? ☒ Yes, ☐ No.

C. Pre-Transport Requirements (10.51.03.05)

- 1) Is each container marked with date accumulation began?  
☒ Yes, ☐ No. If yes, has any waste been stored over 90 days? ☒ Yes, ☐ No. How much the drums on site, some being shipped today
- 2) Are containers in good condition? ☒ Yes, ☐ No. If no, explain \_\_\_\_\_
- 3) Are containers properly labeled? ☒ Yes, ☐ No.
- 4) Does generator have approved emergency contingency plan? ☒ Yes, ☐ No.

D. Recordkeeping and Reporting (10.51.03.06)

- 1) Does the generator have: copies of all signed manifests from the previous three years? ☐ Yes, ☒ No; copies of each Annual Report and Exception Report? ☐ Yes, ☒ No.
- 2) Does the generator retain, for a period of three years, all wastes analyses? ☐ Yes, ☒ No.
- 3) Has the generator filed Exception Reports as required by 10.51.03.06 C? ☐ Yes, ☒ No.

II. Treatment, Storage, Disposal (TSD)

A. Site characterization (10.51.05.02)

1) Facility Type

- |   |   |
|---|---|
| <input type="checkbox"/> Thermal Treatment              | <input type="checkbox"/> Biological Treatment |
| <input type="checkbox"/> Recycling/Recovery             | <input type="checkbox"/> Land Treatment       |
| <input type="checkbox"/> Waste Oil                      | <input type="checkbox"/> Incineration         |
| <input type="checkbox"/> Chemical Treatment             | <input type="checkbox"/> Landfill Operation   |
| <input type="checkbox"/> Physical Treatment             | <input type="checkbox"/> Below Ground Tanks   |
| <input type="checkbox"/> Open Pile                      | <input type="checkbox"/> Other _____          |
| <input checked="" type="checkbox"/> Surface Impoundment |   |
| <input type="checkbox"/> Drums                          |   |
| <input type="checkbox"/> Above Ground Tank(s)           |   |

- 2) Does facility generate DHS? ☒ Yes, ☐ No.
- 3) Does facility have waste analysis plan? ☐ Yes, ☒ No. If yes, are the procedures of that plan being followed?  
☐ Yes, ☐ No.
- 4) Can facility personnel identify DHS being handled?  
☒ Yes, ☐ No.
- 5) Can facility personnel confirm that DHS received equal those on manifest for it? ☐ Yes, ☒ No.
- 6) Is there a 24-Hour surveillance system to monitor active portion of facility? ☐ Yes, ☒ No. If No, is there an artificial or natural boundary? ☐ Yes, ☒ No. Is there a means to control entry? ☐ Yes, ☒ No. Is there a restricted access sign posted? ☐ Yes, ☒ No.
- 7) Does facility have: ☐ emergency equipment inspection log, ☐ written schedule for inspections, ☐ security devices, operating & structural prevention equipment?
- 8) Have facility personnel completed classroom/on-site training? ☐ Yes, ☒ No. Are records maintained of: ☐ Job titles/names of employees, ☐ job descriptions, ☐ Type/amount of continuing training?
- 9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed? ☐ Yes, ☒ No.

B. Preparedness and Prevention (10.51.05.03)

- 1) Facility has the following equipment? ☐ Internal communication/alarm system for on-site personnel, ☐ device for summoning emergency assistance, ☐ adequate fire control equipment, water, & suppression chemicals, ☐ list of aforementioned equipment.
- 2) Does facility have adequate area for emergency movement? ☐ Yes, ☒ No.

C. Contingency Plan and Emergency Procedures (10.51.05.04)

- 1) Does facility have an approved contingency plan for: ☐ Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water? ☐ Responding emergency units to provide assistance during emergency situations? ☐ A list of emergency equipment needed to cope with situation?
- 2) Are emergency response coordinators listed by name, address, & phone number? ☐ Yes, ☒ No.
- 3) Is there an evacuation plan if recommended? ☐ Yes, ☒ No.
- 4) Are emergency coordinators available on twenty-four hour basis? ☐ Yes, ☒ No.

D. Manifest System, Recordkeeping, and Reporting (10.51.05.05)

- Facility has a written operating record which contains the following information:
- 1) ☐ description & quantity of DHS received.
  - 2) ☐ method & date of DHS treatment, storage, or disposal.
  - 3) ☐ location & quantity at each DHS location in facility.
  - 4) ☐ detailed records & results of waste analysis & treatment tests performed.
  - 5) ☐ detailed operating summary reports.
  - 6) ☐ description of emergency incidents that required implementation of contingency plan.
  - 7) ☐ records & results of inspections of emergency equipment, TSD systems & hazardous waste areas.
  - 8) Has facility retained, for at least 3 years, copies of all manifests? ☐ Yes, ☒ No.

(2)

**Water Monitoring (10.51.05.06)**

- 1) Has the facility implemented a groundwater monitoring program? Yes, No, N/A.
- 2) Are samples from the groundwater monitoring system being analyzed according to the groundwater sampling and analyses plan? Yes, No.
- 3) Is this plan set up in accordance with 10.51.05.06 C? Yes, No.
- 4) Has groundwater quality assessment program been prepared? Yes, No.
- 5) Are proper groundwater sampling and analyses records kept? Yes, No.
- 6) Are the necessary reports on groundwater monitoring information being forwarded to the Secretary? Yes, No.
- 7) Do the reports match the facility records? Yes, No.

**F. Closure, Post-closure, and Financial Requirement (10.51.05.07 & .08)**

- 1) Does the facility have an approved closure plan that meets the financial requirements? Yes, No.
- 2) For surface impoundments, land treatment, and landfills, does the facility have an approved post-closure plan that meets the financial requirements? Yes, No.
- 3) Does facility maintain liability insurance? Yes, No.

**G. Container Management (10.51.05.09)**

- 1) Are all containers: (a) in good condition, i.e., no signs of leakage, corrosion, or any other deterioration/deformation; (b) lined or made of compatible material such that hazardous wastes placed into them will not result in reaction or corrosion; (c) sealed during storage.
- 2) Are storage areas for hazardous waste containers inspected by owner/operator at least once a week? Yes, No.
- 3) Is an inspection log maintained? Yes, No.
- 4) Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? Yes, No.
- 5) Are incompatible wastes placed in separate containers? Yes, No.
- 6) Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? Yes, No.

**H. Tanks (10.51.05.10)**

- (all tanks underground)*
- 1) Are all tanks in good condition, i.e., no signs of leakage, corrosion, or any other deterioration? Yes, No.
- 2) Are uncovered tanks operated to ensure a minimum of two feet of freeboard? Yes, No. If not, is tank equipped with a containment structure (e.g., dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank? Yes, No.
- 3) Are tanks with continuous inflow of hazardous waste equipped with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)? Yes, No.
- 4) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into tank used for storage or treatment? Yes, No.
- 5) Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cut-off systems and drainage systems)? Yes, No.
- 6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day? Yes, No.
- 7) Is the level of waste in the tank checked at least once each operating day? Yes, No.
- 8) Is (are) the tank(s) inspected weekly to detect corrosion or leaking of fixtures or seams? Yes, No.
- 9) Are the results of these inspections recorded in an inspection log or summary? Yes, No.
- 10) Are ignitable or reactive wastes stored in tanks? Yes, No. If yes:
- a) Is the waste treated, rendered, or mixed before or immediately after placement in the tank so that the resulting waste, mixture, or dissolution of materials no longer meets the definition of ignitable or reactive wastes under Parts 261.21 or 261.23 of the RCRA Regulations?

- b) Is waste stored or treated in such a way that it is protected from material or conditions which may cause the waste to ignite or react? Yes, No.
- c) Is owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in compliance with the National Fire Protection Association's (NEPA's) buffer zone requirements for tanks contained in tables 2-1 through 2-6 of the "Flammable and Combustible Code—1977"? Yes, No.

**I. Surface Impoundments (10.51.05.11)**

- 1) Is two feet of freeboard maintained in the surface impoundment? Yes, No.
- 2) Do all earthen dikes have protective covers (e.g., grass, shale or rock) to minimize wind and water erosion and to preserve dike structural integrity? Yes, No.
- 3) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a surface impoundment used for storage or treatment? Yes, No.
- 4) Is the freeboard level inspected daily? Yes, No.
- 5) Is the surface impoundment, including dikes and vegetation, inspected weekly to detect leaks, deterioration, or failures in the impoundment? Yes, No.
- 6) Are the results of these inspections recorded in an inspection log or summary? Yes, No.
- 7) Are ignitable or reactive wastes stored in a surface impoundment? Yes, No. If yes:
- a) Is the waste treated, rendered, or mixed before or immediately after placement in the impoundment so that the resulting waste, mixture or dissolution of material no longer meets the definition of ignitable or reactive waste under Parts 261.21 or 261.23 of the RCRA Regulations? Yes, No.
- b) Are incompatible wastes segregated in separate surface impoundments so that spontaneous reactions are avoided? Yes, No.

**J. Waste Pile (10.51.05.12)**

- 1) Is wind dispersal of the pile controlled? Yes, No, Not Needed.
- 2) Are additions to the pile being analyzed prior to adding them to the pile? Yes, No.
- 3) Is hazardous waste leachate or runoff collected? Yes, No. Is the pile protected from precipitation and runoff? Yes, No.
- 4) Are ignitable or reactive wastes protected from materials or conditions that might cause it to ignite or react? Yes, No, N/A.
- 5) Are incompatible wastes hauled in a manner as to assure separation? Yes, No, N/A.

**K. Land Treatment (10.51.05.13)**

- 1) Will the use of land treatment result in the waste being less hazardous or non-hazardous? Yes, No.
- 2) Is run-on diverted away from the active portion of the facility? Yes, No. Is run-off from the active portion of the facility collected? Yes, No.
- 3) Has the proper waste analyses been performed? Yes, No.
- 4) If food chain crops are to be grown on the active portion of the facility has the necessary documentation required been provided? Yes, No.
- 5) Has the owner/operator written and implemented an unsaturated zone monitoring plan? Yes, No.
- 6) Have the additional requirements for a closure and post-closure plan been addressed? Yes, No.
- 7) Are ignitable or reactive wastes immediately incorporated into the soil? Yes, No.
- 8) Are incompatible wastes hauled according to 10.51.05.13 I? Yes, No.

**L. Landfills (10.51.05.14)**

- 1) Is run-on diverted away from the facility's active portions? Yes, No.
- 2) Is run-off collected from the landfill's active portions? Yes, No.
- 3) Has a hazardous waste determination been made on the run-off? (Identification and Listing of Hazardous Waste) Yes, No.
- 4) Is the landfill managed so as to control wind dispersal? Yes, No.



- 5) Are the following items maintained in the operating record: \_\_\_\_\_ on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks? \_\_\_\_\_ contents of each cell and approximate location of each hazardous waste type within the cell?
- 6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? \_\_\_\_\_ Yes, \_\_\_\_\_ No. If yes: \_\_\_\_\_ is a leachate collection system available to remove leachate?, and \_\_\_\_\_ is the liquid stabilized or treated physically or chemically prior to disposal?
- 7) Are empty containers crushed flat or shredded before burial in the landfill? \_\_\_\_\_ Yes, \_\_\_\_\_ No.
- 8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? \_\_\_\_\_ Yes, \_\_\_\_\_ No. If yes, describe containers on comments below.
- 9) Are ignitable or reactive wastes placed in a landfill? \_\_\_\_\_ Yes, \_\_\_\_\_ No. If yes: \_\_\_\_\_ is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? \_\_\_\_\_ Are incompatible wastes segregated in different landfill cells?

**M. Incinerator/Thermal Treatment (10.51.05.15 & .16)**

- 1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following:  
 \_\_\_\_\_ heating value of the waste;  
 \_\_\_\_\_ halogen content and sulfur in the waste;  
 \_\_\_\_\_ concentrations of lead and mercury unless documented data is available which show these elements not to be present?
- 2) Are instruments related to combustion and emission control monitored at least every 15 minutes? \_\_\_\_\_ Yes, \_\_\_\_\_ No.
- 3) Is the stack plume observed visually at least hourly for color and opacity? \_\_\_\_\_ Yes, \_\_\_\_\_ No, \_\_\_\_\_ N/A
- 4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? \_\_\_\_\_ Yes, \_\_\_\_\_ No.
- 5) Is all of the above information documented in the facility's operating record? \_\_\_\_\_ Yes, \_\_\_\_\_ No.

**N. Chemical, Physical and Biological Treatment (10.51.05.17)**

- 1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? \_\_\_\_\_ Yes, \_\_\_\_\_ No.
- 2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) \_\_\_\_\_ Yes, \_\_\_\_\_ No.

- 3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? \_\_\_\_\_ Yes, \_\_\_\_\_ No.
- 4) Is this information recorded in the facility's operating record? \_\_\_\_\_ Yes, \_\_\_\_\_ No.
- 5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? \_\_\_\_\_ Yes, \_\_\_\_\_ No.
- 6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? \_\_\_\_\_ Yes, \_\_\_\_\_ No.
- 7) Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? \_\_\_\_\_ Yes, \_\_\_\_\_ No.
- 8) Are the results of these inspections recorded in an inspection log or summary? \_\_\_\_\_ Yes, \_\_\_\_\_ No.
- 9) Are ignitable or reactive wastes placed in a treatment process? \_\_\_\_\_ Yes, \_\_\_\_\_ No. If yes: \_\_\_\_\_ Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations? \_\_\_\_\_ Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?
- 10) Are incompatible wastes kept from being placed in the same treatment process or equipment? \_\_\_\_\_ Yes, \_\_\_\_\_ No.

**O. Permit Requirements (10.51.07)**

- 1) Does the facility have a DHS permit for its activity? \_\_\_\_\_ Yes, \_\_\_\_\_ No.  
 If no, has the facility submitted an application for a DHS permit? \_\_\_\_\_ Yes, \_\_\_\_\_ No.
- 2) List any special Permit requirements that are not in full compliance.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments:

Please refer to attached Report of Observations pages

1 through 4

Inspector's Name:

John H. Kershner

Title:

Regional Inspector

Facility Location:

McCormick Paint Works Company, 2355 Lewis Avenue, Rockville

Facility Rep. present during inspection:

G. Allison

Title:

Sec-Treas/Technical Director



JUN 24 1986

Gordon Allison  
Technical Director  
McCormick Paint Works Co.  
2355 Lewis Avenue  
Rockville, Maryland 20851

Dear Mr. Allison:

The U.S. Environmental Protection Agency (EPA) has received your letters of April 2, and June 6, 1986, in which you requested that EPA determine whether McCormick Paint Works Co. is subject to the requirements of the Hazardous and Solid Waste Amendments of RCRA.

EPA is currently reviewing the information you submitted on April 2 to determine whether your company is subject to the above-described RCRA requirements. When a determination is made, we will notify you in writing of our decision. If you have any questions or wish to supply additional information, please contact Ms. Diane Schott at (215) 597-6626.

Sincerely,

Cynthia A. Clark, Chief  
MD/DC/DE Section

cc: Ronald Nelson, Director  
MD Waste Mgmt. Administration

## CONCURRENCES

SYMBOL	3HW32	3HW32					
SURNAME	SCHOTT	CLARK					
DATE	6/24/86						





June 6, 1986

Mr. Stephen R. Wasserburg  
Director  
Hazardous Waste Management Division  
E.P.A. Region III  
841 Chestnut Building  
Philadelphia, Pa. 19107

Dear Sir,

This letter is a follow up of my letter to you dated April 2nd 1986 regarding your letter to me dated March 10th 1986.

I am enclosing a copy of my original letter and would appreciate any suggestions or advice that you can give me.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Gordon Allison". The signature is fluid and cursive, with a large loop at the end.

Gordon Allison  
Technical Director

GA/jc  
Encl:

RECEIVED  
MD/DE, DC SECTION

JUN 9 1986

U.S. EPA, Region III



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

JUL 28 1981

Mr. G. Allison  
McCormick Print Works Co.  
2355 Lewis Avenue  
Rockville, MD 20851

Dear Mr. Allison:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.



If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

*Shirley D. Bulkin*  
Shirley D. Bulkin

Chief, Administrative Support Section  
Permit Enforcement Branch

Enclosure

CONDITIONS OF OPERATION DURING  
INTERIM STATUS

Date Prepared: July 28, 1981

AMENDED FORM

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: McCormick Print Works Co.

Location: 2355 Lewis Avenue  
Rockville, MD 20851

EPA I.D. No.: MDD 00 324 8275

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: G. Allison

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
<u>S01</u>	<u>5,500 Gals.</u>
<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>P092</u>	<u>D001</u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>





PAINT WORKS COMPANY

2355 LEWIS AVENUE • ROCKVILLE, MARYLAND 20851 • 301 770-3235

July 21, 1981

U.S. Environmental Protection Agency  
Permits Enforcement Branch  
RCRA Administration Support Section  
6th & Walnut Streets  
Philadelphia, Pa. 19106

Attn: Ms. Shirley D. Bulkin (3EN24)

Dear Ms. Bulkin,

This is in reply to your letter regarding information we submitted in Part A Hazardous Waste Permit Application. Our waste would be characterized by ignitability and therefore be defined as hazardous.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Gordon Allison', is written over a faint, circular, embossed seal.

Gordon Allison  
Sec./Treas.

E.P.A. I.D. No. MDD 00 324 8275

GA/jrb



PAINT WORKS COMPANY

2355 LEWIS AVENUE • ROCKVILLE, MARYLAND 20851 • 301-770-3235

July 21, 1981

U.S. Environmental Protection Agency  
Permits Enforcement Branch  
RCRA Administration Support Section  
6th & Walnut Streets  
Philadelphia, Pa. 19106

Attn: Ms. Shirley D. Bulkin (3EN24)

Dear Ms. Bulkin,

This is in reply to your letter regarding information we submitted in Part A Hazardous Waste Permit Application. Our waste would be characterized by ignitability and therefore be defined as hazardous.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Gordon Allison', is written over a horizontal line.

Gordon Allison  
Sec./Treas.

E.P.A. I.D. No. MDD 00 324 8275

GA/jrb





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

JUL 28 1981

Mr. G. Allison  
McCormick Print Works Co.  
2355 Lewis Avenue  
Rockville, MD 20851

Dear Mr. Allison:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

*Shirley D. Bulkin*

Shirley D. Bulkin

Chief, Administrative Support Section  
Permit Enforcement Branch

Enclosure



CONDITIONS OF OPERATION DURING  
INTERIM STATUS

Date Prepared: July 28, 1981

AMENDED FORM

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

I. Facility name, location, and EPA Identification Number.

Name: McCormick Print Works Co.

Location: 2355 Lewis Avenue  
Rockville, MD 20851

EPA I.D. No.: MDD 00 324 8275

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: G. Allison

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
<u>S01</u>	<u>5,500 Gals.</u>
<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>P092</u>	<u>D001</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

JUL 15 1981

Mr. G. Allison  
McCormick Paint Works Company  
2355 Lewis Avenue  
Rockville, MD 20851

Dear Mr. Allison:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.



If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

*Shirley D. Bulkin*

Shirley D. Bulkin  
Chief, Administrative Support Section  
Permit Enforcement Branch

Enclosure

CONDITIONS OF OPERATION      ING  
INTERIM STATUS

Date Prepared:      July 15, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1.      Facility name, location, and EPA Identification Number.

Name:      McCormick Paint Works Company

Location:      2355 Lewis Avenue  
                    Rockville, MD 20851

EPA I.D. No.:      MDD 00 324 8275

II.      EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name:      Mr. G. Allison, Sec./Treas.

Operator's Name:

III.      During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
S01	5500 Gals.
_____	_____
_____	_____
_____	_____
_____	_____

IV.      During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

P092      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

\* For Wastes K078, K081, K079, See Attachments



ATTACHMENT

Re: Paint Wastes

EPA has completed its initial review of your application to treat/store/dispose of hazardous waste under the Resource Conservation and Recovery Act (RCRA). The paint wastes listed as being handled by your facility have been temporarily suspended from regulation as a listed hazardous waste. An amendment to 40-CFR Part 261.32, Hazardous Waste from Specific Sources, was published in the Federal Register on January 16, 1981. This amendment temporarily suspended the listing of all wastes from the manufacture of paints (EPA Hazardous Wastes Nos. F017, F018, K078, K079, K081, K082) until further study on those wastes has been conducted. However, wastes which exhibit any of the hazardous waste characteristics (i.e. reactivity, ignitability, corrosivity, and EP toxicity) as defined in 40 CFR Part 261 remain subject to regulation under RCRA.

EPA requests that you make a determination as to whether or not the waste streams listed on your application are hazardous by one or more of the general characteristics. Ignitability and EP toxicity would be the characteristics which would most likely cause paint manufacturing wastes and residues to be defined as a hazardous waste. In order to properly process your permit application and avoid further inquiries, a response within 10 days would be beneficial to yourself and EPA.

If you have any questions, please do not hesitate to contact Bill Walsh at (215) 597-1230.

All replies should be addressed to:

U.S. Environmental Protection Agency  
Permits Enforcement Branch  
RCRA Administrative Support Section  
6th and Walnut Streets  
Philadelphia, PA 19106  
Attn: Ms. Shirley D. Bulkin (3EN24)

RECORD OF  
COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ LD TRIP ☐ CONFERENCE  
☐ OTHER (SPECIFY)

(Record of item checked above)

MCCORMICK PAINT WORKS CO.  
MDD 00 324 8275  
301-770-3235

FROM: PAUL J. GOTTHOLD  
RCRA EPA REGION III

DATE 6/30/81  
TIME

SUBJECT

PART A SUBMITTAL - ROCKVILLE, MD

SUMMARY OF COMMUNICATION

MAXIMUM STORAGE OF 100 DRUMS.

AS PER CO-OWNER GORDON ALLISON.

100 X 55 = 5500 GALS.

CONCLUSIONS, ACTION TAKEN OR REQUIRED

FORMATION COPIES





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. #

MDD003248275

December 18, 1980

McConnick Paint Works Co.  
Mr. Gordon Allison  
2355 Lewis Ave.  
Rockville, Md. 20851

Re: Acknowledgment of Application for  
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.



<b>FORM 1</b> <b>GENERAL</b>	 <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <small>(Read the "General Instructions" before starting.)</small>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">MDD003248275</div>
<b>LABEL ITEMS</b> <b>III. FACILITY NAME</b> MC CORMICK PAINT WORKS INC <b>V. FACILITY MAILING ADDRESS</b> 2355 LEWIS AVE ROCKVILLE, MD 20851  <b>VI. FACILITY LOCATION</b> 2355 LEWIS AVE ROCKVILLE, MD 20851		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

IP **McCormick Paint Works Co.**

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
<b>ALLISON GORDON T.D.</b>	<b>301 770 3235</b>

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX	B. CITY OR TOWN
<b>2355 LEWIS AVE</b>	<b>MD 20851</b>

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
<b>2355 LEWIS AVE</b>	<b>MONTGOMERY</b>

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
<b>ROCKVILLE</b>	<b>MD</b>	<b>20851</b>	



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	2851	(specify)	PAINT						C	7		(specify)						
15	16	17	18							15	16	17	18						
C. THIRD										D. FOURTH									
C	7		(specify)							C	7		(specify)						
15	16	17	18							15	16	17	18						

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?																			
C	8	McCORMICK PAINT WORKS CO																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16																			66									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)									
																				301 770 3235									
E. STREET OR P.O. BOX																													
2355 LEWIS AVE																													
F. CITY OR TOWN										G. STATE										H. ZIP CODE									
B ROCKVILLE										MD										20854									
																				IX. INDIAN LAND									
																				Is the facility located on Indian lands?									
																				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
																				52									

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)											
C	T	I								C	T	I									
9	N									9	P										
15	16	17	18								15	16	17	18							
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)											
C	T	I								C	T	I									
9	U									9											
15	16	17	18								15	16	17	18							
C. RCRA (Hazardous Wastes)										E. OTHER (specify)											
C	T	I								C	T	I									
9	R									9											
15	16	17	18								15	16	17	18							

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

PAINT MANUFACTURE

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
G. ALLISON SEC. TREAS.																				10-21-80									

## COMMENTS FOR OFFICIAL USE ONLY

C																			
15	16																		



FORM 3 RCRA U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER  
S M D D O O 3 2 4 8 2 7 5 T/A C  
F 1 2 13 14 15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED DATE RECEIVED (yr., mo., & day) COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

AMOUNT - Enter the amount.

UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V
ACRES	A	TONS PER HOUR	D
CUBIC YARDS	Y	METRIC TONS PER HOUR	W
CUBIC METERS	C	GALLONS PER HOUR	E
GALLONS PER DAY	U	LITERS PER HOUR	H

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A	HECTARE-METER	F
ACRES	B	HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Example completion of Item III showing line numbers X-1 and X-2, and a handwritten calculation: 100 X 55 = 5500.



**III. PROCESSES** *(continued)*

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. For each listed hazardous waste which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**                      **CODE**  
 POUNDS.....P  
 TONS.....T

**METRIC UNIT OF MEASURE**                      **CODE**  
 KILOGRAMS.....K  
 METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
W 000003248275													W DUP													
13 14 15 1													13 14 15 23 26													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES															
											1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
1	<del>K078</del>				<u>4</u>				<del>T</del>		<del>S01</del>								TEMPORARILY SUSPENDED 1/16/81 F.R.							
2	<del>K081</del>				<u>4</u>				<del>T</del>		<del>S01</del>															
3	<del>K079</del>																		INCLUDED WITH ABOVE							
4	<del>P092</del>																		INCLUDED WITH ABOVE							
5	D001				8				T		S01															
6	P092				included in the above														as per letter July 21, 1981 PG							
7																										
8																										
9																										
10																										
11																										
12																										
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23																										
24																										
25																										
26																										



## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	D	D	0	0	3	2	4	8	2	7	5	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

39 03 45

LONGITUDE (degrees, minutes, &amp; seconds)

77 07 30

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

G. ALLISON

B. SIGNATURE



C. DATE SIGNED

11/13/80

## X. OPERATOR CERTIFICATION

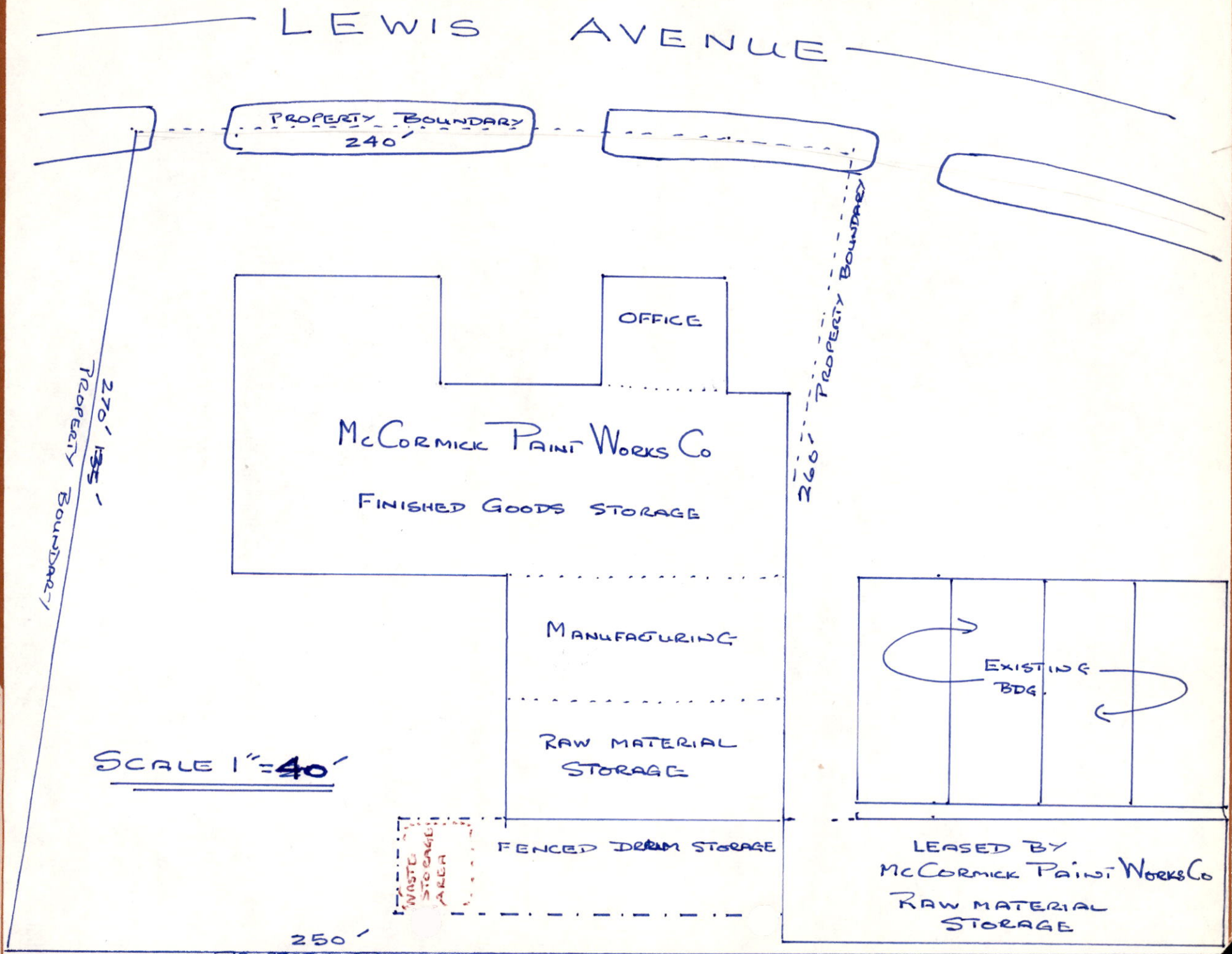
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED







U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA  
I.D. NO.

MDD003248275

I. NAME OF INSTALLATION

MC CORMICK PAINT WORKS INC  
2355 LEWIS AVE  
ROCKVILLE, MD 20851II. INSTALLATION  
MAILING  
ADDRESS2355 LEWIS AVE  
ROCKVILLE, MD 20851

III. LOCATION OF INSTALLATION

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

C														
C														
15 16														
INSTALLATION'S EPA I.D. NUMBER														
APPROVED														
DATE RECEIVED (yr., mo., & day)														
JUL 29 80 0000012														
S F MDD00324827531														
1 2 13 14 15 16 17 22														

## I. NAME OF INSTALLATION

MC CORMICK PAINT WORKS COMPANY INC.

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

2355 LEWIS AVENUE

## CITY OR TOWN

ROCKVILLE

## ST.

## ZIP CODE

MD 20851

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

2355 LEWIS AVENUE

## CITY OR TOWN

ROCKVILLE

## ST.

## ZIP CODE

MD 20851

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

ALLISON GORDON TECHNICAL DIR.

## PHONE NO. (area code &amp; no.)

301 770 3235

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

T P MCCORMICK F ALLISON J HENNESSY

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

## C. INSTALLATION'S EPA I.D. NO.

MDD003248275

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



- FOR OFFICIAL USE ONLY														
S											T/A	C		
W	M	D	D	O	O	S	2	4	8	2	7	5	2	1
1	2											13	14	15

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K078	K079	K081			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

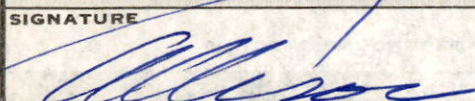
☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

# X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
	TECHNICAL DIRECTOR	7/24/80